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Pandemic Learning:

Migrant Care Workers and Their Families Are Essential in a Post-COVID-19 World

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The COVID-19 pandemic has brought into the open two things that much of the world has always assumed but not fully acknowledged: women do the vast majority of caregiving, and caregiving is grossly undervalued. Caregiving is also the fastest-growing economic sector in the world—projected to add 150 million jobs by 2030.¹ Global societal changes, like low birth rates, demographic aging, and an increase in female labor force participation, are basic drivers of the continued growth of this sector. But because in many cultures care work is considered “instinctive” for women—a type of work not requiring skill—it has remained virtually invisible, unpaid or underpaid and unregulated. It is also often stigmatized, especially when relegated to already marginalized and underrepresented populations.

Migrant care work is a key component of this ongoing global care crisis. In recent decades, migrants from poorer regions have performed much of the caregiving in wealthy regions of the world, forming “global care chains.” Many caregivers have been compelled to migrate and work without documentation, but the pandemic has increased their risks, as it has prompted national governments to tighten border restrictions. While the spread of COVID-19 has greatly increased the need for care work everywhere, it has also diminished the number of migrants available to perform it. Additionally, while migrant care workers are being applauded and elevated in stature as part of the “essential workforce” necessary for the overall health of a nation during the pandemic, they actually face greater dangers from the disease than citizen populations.

Despite working closely with persons who may themselves be ill, migrant care workers are often denied access to preventive measures such as vaccinations and personal protective equipment (PPE), or medical care if they contract COVID-19.² At the same time, they must worry about how members of the families who did not migrate with them are coping with the pandemic, since they, too, are vulnerable and may lack adequate care due to the absence of the migrant care worker.³ Migrant care workers are competing in a world that has historically undervalued both care work as a sector and care workers as people providing an essential service, and more recently a world that has become increasingly nationalistic and xenophobic.

Thus COVID-19, caregiving, and migration are intricately connected. The purpose of this review is to examine the effects of the pandemic on migrant care work, particularly female caregivers and their own families. We also propose ways for policymakers and practitioners to utilize the current spotlight on care work to garner support to make lasting change in the status and working conditions of migrant care workers. Our overview of care work migration during the ongoing pandemic, particularly as it affects women and those from minority groups related to race, ethnicity, class, and caste is the foundation for an analysis of the lasting effects of the pandemic on these complex relationships. We also detail existing programs and policies that are successfully addressing these complexities, and put forward a list of recommendations (partially informed by an expert roundtable discussion, hosted by the Wilson Center) on how governments, civil society, and researchers can seize the moment and use lessons learned during the pandemic to better protect and support migrant care workers and their own families, particularly those family members remaining in the sending country.

The Global Care Economy, Migrant Domestic Work, and Global Care Chains

The global care economy is critical to overall economic growth, and also affects gender, racial, and class and caste equity and empowerment. While much care work is provided in institutional congregate settings, in-home care is a key component of the care economy. Even though there are some 75.6 million domestic workers,⁴ including in-home care workers, worldwide, they are less visible in research, as well as less protected and given fewer rights than high-level care providers like doctors, nurses, and midwives. Women make up more than three-quarters of the world's domestic workers,⁵ and persistent gender, race, and class inequality adds to and reinforces the sector's invisibility. Migrant domestic workers, an even less protected and researched population, make up one-sixth (11.5 million) of all domestic workers in the world, and roughly three-quarters (73.4 percent) of them are women.⁶

While the work of in-home caregivers varies, for the purpose of this review, we focus on those who provide child care, elder care, or care for persons with disabilities or long-term illness. Because this type of work is commonly regarded as “unskilled,” it is often excluded from legal immigration categories or classified with household workers and subject to less priority for admittance. An in-home caregiver may work full-time or part-time; may be employed by a single household or by a public or private, for-profit or non-profit service agency; may be residing in the household of the employer (as a “live-in”) or have his or her own residence (“live-out”).

In rural and semi-industrialized economies, women perform paid market work along with unpaid care work for their own family members at home, but when economies industrialize fully, this combination becomes less possible. As more families have become dual-income and women have embraced paid employment opportunities outside the home, the demand for non-familial, paid caregivers either in their homes or through outside services has increased sharply. Given the stigmas historically attached to caregiving, this market has been dominated by members of lower-status populations with limited work options. More recently, these populations have demanded recognition, fair pay, and benefits—or have sought to abandon caregiving occupations altogether, leaving a gap for non-nationals—that is, migrants—who often have grievously limited job options and choice either at home or abroad.



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Global migration patterns are vast, and many factors propel people to migrate for paid work. For some, migration allows for better job prospects, higher pay, opportunities for job training and advancement, and safer work conditions.⁷ But for others, it is a reluctant choice (or even compulsory), perhaps driven by gender restrictions, civil war or ethnic conflict, political instability, food insecurity, or a lack of the kind of educational and job opportunities potentially available in receiving countries.⁸ (It should be noted that not all work migration is international; migrants may also move from poorer rural to wealthier urban areas within their own countries in search of better opportunities).^{9,10}

But migration does not resolve all of these problems. Female migrants may be prompted to leave because of gender oppression at home, but they do not necessarily escape discrimination once they reach their destinations. The majority of those with low socio-economic status become care or domestic workers because stereotypes based on sex, ethnicity, race, and nationality bar them from other occupations. (Low-status migrant men facing similar stereotypes are channeled into other forms of domestic work, employed as “handymen,” gardeners, and janitors.)¹¹ Sociologist Chiara Giordano attributes the difficulties faced by migrant women caregivers to five interlocking systems of oppression based on their identities as women, migrants, caregivers for the elderly, family breadwinners, and “quasi-family members” within their employers’ households. These identities are related to larger domains of power, namely gender, ethnicity and citizenship, labor market, the care economy, and interpersonal power relations, respectively.¹²

The overriding need to support their own families often supersedes women’s desire for personal fulfillment. Nevertheless, their departure—however well-intended—may cause further hardship at home. In women’s absence, responsibility for the care they once provided may devolve onto other relatives, especially elders, or onto communities that are already stretched thin.¹³ In this sense, care chains create a “care drain” in the sending countries. These gaps in the care available to children and elders who remain in the sending country are substantial, and connection through new technologies (Skype, Zoom, etc.) can only begin to compensate for them. This means that while migrants provide

support and care to families at the receiving end of the global care chain, this may come at the expense of their own children and extended families at the sending end of the chain.

At the same time, the receiving countries (often wealthier than sending nations) experience a “care gain.” Families seeking care for children, elders or those with disabilities may now hire flexible workers at low cost.¹⁴ This imbalance is further intensified by a trend toward the commercialization of care services in wealthy countries. By offering lower wages and less favorable working conditions, these nations discourage citizens from taking jobs in this sector, thereby increasing the demand for migrants. While care work agencies facilitate the recruiting and screening of potential employees (especially important for employers intending to hire migrants), in this way, they perpetuate social inequality on a global scale.

Woman migrants are particularly invisible in destination countries because they have restricted access to society and public spaces while employed in private homes.¹⁵ Often they experience social and cultural isolation due to language and cultural differences and, if undocumented, feel compelled to maintain a low profile. In many countries, all domestic workers are excluded from labor protection laws, and in such places care workers who are migrants are especially susceptible to labor exploitation that leads to violations of their human and labor rights. These may include passport and contract substitution—taking or replacing a personal passport—and the practice of overriding a contract once a migrant has arrived and replacing it with a less favorable one (in effect, putting a person into forced labor). Excessive fees charged by agencies or traffickers, the absence of adaptive and protective mechanisms needed in certain types of work, lack of accurate information on terms and conditions of employment, and restrictions on freedom of movement and association are also common examples of exploitation faced by migrant workers.¹⁶

Continuum of Global Responses to Migrant Domestic Care Work During the Pandemic: From Job Loss to Overwork

Even before the pandemic, the demand for care workers, in both homes and institutions, was growing in high-income regions/countries. Since its onset, however, disease outbreaks and closures in child care centers, schools and long-term health facilities have made families desperate for affordable alternative care for young children and the elderly, thereby heightening the demand for in-home care workers. But potential employers have found their efforts stymied by immigration regulations that, while always inhospitable to “unskilled” workers, have been further tightened by travel restrictions and international policies limiting migration in order to minimize the spread of COVID-19. All of this has only exacerbated the instability of care work and the vulnerabilities of those who provide it, particularly migrants.



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For those care workers who had managed to migrate or were already living and working abroad, the pandemic has brought additional stressors.¹⁷ Migrant care workers have been particularly affected by border closures and travel bans. In addition to closing down entry from outside, many countries have also limited movement within their borders through lockdowns and curfews, forcing some migrant care workers to work on rest days and beyond normal workday hours.¹⁸ These restrictions have also left migrant workers unable to access health care services (already limited for them) as well as the money-transfer services needed to send remittances to their families. In some places, care workers have been compelled to procure their own PPE, such as masks and gloves. Many migrant care workers, concerned about the wellbeing of families back in their country of origin, have sought to return to their countries of origin, but the pandemic has impeded such efforts due to threats and fears of job loss, the risk of contracting COVID-19, and expired work visas.¹⁹

Some countries have responded affirmatively to the new challenges COVID-19 presented to migrant care workers. Europe offers several examples of policies that helped support this group during the pandemic. European countries have some of the highest percentages of foreign-born home-based caregivers in the world; on average, 13 percent of all essential workers responding to the pandemic in Europe are migrants.²⁰ Those from member countries move freely through the European Union (EU), but a large proportion come from outside that system. And while non-EU migrants are clearly a prominent component of the care cadre, they have historically been less supported by immigration policies and host-country citizens.²¹ During the pandemic, however, the value of migrant care workers gained recognition in several European countries, prompting the creation of policies to support them. The Italian government granted temporary legal status to migrants in the care sector in spring 2020,²² and Austria, Germany, and Switzerland exempted migrants providing in-home care from international travel bans.²³ A 2020 United Kingdom poll (post-Brexit) found that 62 percent of the public favored granting automatic British citizenship to care workers who helped respond to COVID-19,²⁴ but to date the government has not acted on this predominant opinion.²⁵

At the same time, in countries both in Europe and elsewhere, migrant domestic workers who already lacked support experienced a continuation of the same policy environment—and sometimes even an escalation of hostility during the pandemic. In the Netherlands, undocumented migrant domestic workers (including care providers) faced food, job, and housing insecurity as well as barriers to accessing health care.²⁶ Spain's strict lockdowns made it almost impossible for their informal economy, including care work, to function. In response to the situation, the government extended temporary permits to "regular" migrants (those with temporary residence status) enabling them to access their social rights, but discarded calls for policies and protections for those who were "irregular" (lacking proper work and residency status), leaving many without access to health care and social service programs specifically intended to support those who had lost employment due to the pandemic.²⁷ In the Caribbean, lockdowns strained already precarious conditions for migrant domestic workers. Some were dismissed without pay, received inadequate or no PPE, were given increased levels of work and reduced wages, faced housing instability, and had limited access to medical services.²⁸ Similarly, migrant care workers throughout Latin America often face additional barriers in accessing health services due to lack of legal protections and inclusion in health care policies, limited accurate information, and insufficient culturally appropriate care.²⁹ Migrants in this region also experienced reduced access to asylum and resettlement schemes, leaving them particularly vulnerable to job, housing, and food insecurity, as well as violence and trafficking.³⁰

In the United States, responses changed from one administration to the next. Under President Trump, the pandemic produced a backlash against immigrants, heightening existing hostility toward them.³¹ His administration used the virus as a rationale for intensifying its anti-immigration stance and increasing border closures. Under the Biden administration, stress at the borders remains, but the president proposed a bill called “The American Jobs Plan,” which would have created a new path to citizenship for migrant workers—including home-based care workers.



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Unfortunately, Congress stripped care infrastructure from this and related legislation. Some states, notably California, extended COVID relief to undocumented immigrants.^{32, 33}

In Canada, some provinces that experienced a large number of COVID-related deaths in long-term care institutions, such as Quebec, introduced paid training programs for care workers with assured employment upon obtaining a certificate

and invited students, immigrants, and refugees and asylum seekers to take the training.³⁴ This was matched by the federal government’s new “health-care workers permanent residence pathway” initiative to recruit and retain potential care workers in the health-care sector, including nurses, nurse aides, orderlies, and home-support workers. Under this new policy, refugee claimants who had worked 120 hours or more between March 13 and August 14, 2020 (during the height of the COVID-19 pandemic deaths in Canada) could apply for a special pathway to permanent residency. Unfortunately, this special pathway was closed at the end of August 2021, when the pandemic crisis appeared to be over.³⁵

Several Middle Eastern countries, including Bahrain, Saudi Arabia, Qatar, and Lebanon, have in place the kafala system which, by tying the legal residency of migrant workers (including care providers) to their employers, has led to significant abuse.³⁶ The Lebanese government, for example, has not taken any actions to protect workers, despite proof of increased violence and abuse.³⁷ While Israel does not deploy the kafala system, it has imposed lockdown during the pandemic.

A study of the psychosocial status of migrant workers in the country during this period found that a large minority suffered from high levels of mental distress, primarily due to lack of confidence or resources (like PPE and adequate nutrition) to care properly for themselves or those they were looking after.³⁸ In general, research on the mental health of migrant care workers is hard to come by, but what exists has shown that migrant workers have a higher incidence of common mental issues, particularly depression, than local workers due to stressors such as finances, lack of access to health-care,³⁹ job instability, and social isolation.⁴⁰ In the best of times, care workers are susceptible to burnout due to the high physical and emotional demands of the work; currently, this sector has become more pressured and strained, leading to an increase in burnout and stress among care workers.⁴¹

The Activism of Migrant and Domestic Workers

Domestic workers, including in-home caregivers, have a long history of campaigning for their rights and protections. The importance of this work was amplified during the pandemic, when the use of social media allowed domestic workers to air grievances and mobilize movements. The International Domestic Workers Federation (IDWF) is a membership-based global organization of self-defined domestic and household workers. With over 600,000 members from 65 countries, IDWF seeks to build a strong, democratic, and



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and united global organization to protect and advance domestic worker's rights everywhere.⁴² IDWF has been campaigning to protect domestic workers' rights by calling on governments to ratify the International Labour Organization's Domestic Workers Convention (ILO C189). This is a global standard designed to prevent the exploitation of domestic workers through preventive and protective measures, including access to minimum wage and freedom to choose where to live. Since it was adopted in 2011, 29 countries have ratified it—a small number given the urgency but more than many ILO conventions.⁴³

Multiple country-level organizations are also working to improve the rights of domestic workers, and the pandemic has made their efforts particularly important. In India, for example, the Urban Women's Domestic Worker's Union and National Platform for Domestic Workers are helping domestic workers deal with issues that have cropped up since the start of the pandemic, such as intensified work hours and load, withheld pay and severely restricted movement, and the dangerous practice of "sanitizing" workers with chemical sprays and pipes.⁴⁴ India is a signatory to ILO C189, which demonstrates the intention to abide by the treaty, but since it has not ratified the treaty, the country is not legally bound to carry out its provisions.⁴⁵ (Similarly, Germany ratified the convention but excluded live-in care workers from the ratification.)

Elsewhere, migrant domestic workers have mobilized to address their unequal treatment with regard to welfare states—treatment that has come to light because of the pandemic. In Switzerland, live-in migrant care workers do not have access to many of the robust social benefits that the government offers citizens, and COVID-related shutdowns have prevented many migrants from collecting unemployment or pandemic benefits.⁴⁶ In response, "Respect," a Swiss network of organized care workers that shares information, has organized politically to demand better conditions.⁴⁷ In Canada, migrant care workers faced abusive working conditions during the pandemic, particularly because they cannot access health care and social services without permanent residency status. However, several workers' rights networks are seeking political change for all migrant workers, including the unique needs of care workers.⁴⁸ One of these, Migrant Workers Alliance for Change, shares information on immigration rights and has been actively demanding permanent "status for all."⁴⁹

Elsewhere, the pandemic has prompted migrant domestic workers to challenge inequalities related to their status as non-citizens. In Hong Kong, an active Migrant Domestic Worker Movement advocates against existing rules requiring migrant domestic workers to live with their employers and leave the country within two weeks of ending employment.⁵⁰ In the United States, the National Domestic Workers Alliance (NDWA) established an emergency fund for workers who lost jobs during the COVID-19 pandemic but were not covered by unemployment insurance. The organization advocates for expanded immigration of caregivers and protection of undocumented immigrants from removal.⁵¹ In Austria, Romanian migrant care workers created a grassroots organization called DREPT pentru îngrijire (“right for care”) to challenge their working conditions and build a network to share information about workers’ rights.⁵²

In Europe, unions have begun to take a more active role in defending the rights of migrant domestic workers and campaigning for passage and ratification of ILO C189. Nevertheless, most often undocumented workers have been ignored and the issue of their legal status sidelined. In Germany, for instance, Ver.di, the union for workers in private and public-private services, provided legal advice and campaigned against exploitive conditions for the undocumented and for standard contracts for domestic workers. Ver.di and the Food, Beverage and Catering Union (NGG), as well as the large German Trade Union Confederation (DGB), joined forces with non-governmental organizations (NGOs)



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and women-centered organizations and succeeded in lobbying for German ratification of ILO C189, making it the only European country to sign other than Belgium. The reforms that emerged afterwards—mainly the formalization of employment—did not, however, improve the situation of workers in part-time mini-jobs and live-in workers, many of whom are migrants.

The Netherlands presents an example of how migrant workers can be treated as workers while the issue of their legal status is ignored.

When a pioneering group of undocumented migrant domestic workers formed their own organization, they were welcomed into the General Dutch Union of Domestic Workers (ANBH). However, when the larger Federation of Dutch Trade Unions (FNV) began negotiating with employers in the decentralized and privatized household service sector, the migrant domestic workers’ demands for legal status were excluded, denying them access to health services and the rights to open a bank account and travel in and out of the country.⁵³

In Spain, by contrast, unions have played a crucial role in the struggles of migrant domestic workers—and the needs of undocumented and irregular workers have remained in the foreground. Unions were the dominant force in the implementation of the labor law that ended the so-called “Special Regime”

for domestic workers, which had allowed employers to hire workers without contracts or contributions to their social security benefits. Nevertheless, the rate of union affiliation of domestic workers and the number of collective work agreements including this group remain low, as they are but one among several large swaths of precarious workers in Spain. Yet union activism in coordination with grassroots migrant domestic worker organizations continues.⁵⁴ In Catalonia, unions have joined these groups, along with NGO networks, to create a platform for action, Defense of the Rights of Household and Care Workers.⁵⁵ In November 2021, the Trade Union of Professional Caregivers (SAD) took up the rights of domestic helpers who care for individuals in their homes, an occupation in which undocumented migrant workers predominate. A mass demonstration on the streets of Madrid called for recognition of the sacrifices of care and domestic live-in workers who, during the pandemic, had the highest rates of infection.^{56, 57}

In the United States, unions have joined with worker centers and domestic worker groups to push for legislative relief and improved conditions at the federal as well as state levels. Individual states, including New Jersey, New York, Maine, and Colorado, raised home care wages.⁵⁸ The Service Employees International Union (SEIU) won hazard pay for home care workers from the state of California, running from 2020 through June 2023, and negotiated PPE and rapid tests in many states under health care benefits.⁵⁹ But domestic worker groups have led most of the grassroots action. The California Domestic Worker Coalition fought against exclusion of household workers from the state's health and safety regulations. In the midst of the pandemic and wildfires induced by climate change, it has only succeeded to set up an advisory committee tasked with drawing up voluntary guidelines, but it is continuing to campaign for legal coverage for workers disproportionately exposed to pathogens. The privacy of the home, even when a workplace, has stymied legal change.⁶⁰

Regional Highlight: Asia-Pacific Response to COVID-19

The Asia-Pacific region is an important area of focus given its high levels of global care migration as both a sender and receiver of migrant care workers. Here, the rise in the migration of female domestic and care workers has been associated with rapid demographic aging and low fertility rates, increased women's labor-market participation in wealthier countries, greater cultural acceptance and normalization of outsourcing family care to non-familial caregivers, and increased financial incentives for women in poorer countries to seek employment in wealthier ones.⁶¹

Asian population dynamics have led to a great need for long-term elder care, a need that is largely unmet. The migration of women workers to provide long-term care tends to flow from poorer to wealthier countries across the region and from rural to urban areas within individual countries. Unlike those in other regions, some Asian nations have created affirmative policies to support migrant care givers' access to legal entry and improve the regulations, safety, and security of their work. For example, Singapore brings in migrants through its "S Pass," Taiwan through its 1992 "Foreign Live-in Caregiver Program," and Japan through a "Care Work Visa" created in 2017 to support care migrants with mid-level technical skills.⁶²

In this region, as elsewhere, responses to the pandemic have been mixed. Some countries, including the Philippines, Vietnam, and Indonesia, have helped migrant care workers with repatriation flights and assistance if they wanted or needed to return to their countries of origin.⁶³ Several governments have devised policies to ensure and stabilize the supply of migrant care workers: South Korea granted

three-month extensions to those with expiring visas; Singapore extended expired work visas for two months; and Taiwan barred entry to new migrant care workers but implemented successive six-month extensions for existing workers.⁶⁴ Others focused on the rights of migrant workers, especially migrant domestic workers, to change employers. While these efforts do, at least in part, support migrant care workers, it should also be noted that their main purpose is to ensure that country nationals are able to retain provision for their care, COVID-19 notwithstanding.

In contrast, some Asia-Pacific countries have enacted campaigns to limit the regularization and legalization of migrants, largely out of fear that undocumented workers would take jobs usually held by citizens during ongoing labor shortages. Singapore and Hong Kong apply the live-in rule, which requires migrant domestic workers to reside in their employers' homes. While in typical times, workers gained some advantages from this system, during the pandemic, it created additional stress for migrant domestic workers who could not return to migrant communities on days off due to lockdowns.⁶⁵ Because of COVID-related travel restrictions, workers in Hong Kong found it difficult to meet the requirement that they leave the city within two weeks of job termination.⁶⁶ According to an NGO survey conducted in the region, 40 percent of the migrant domestic workers studied reported that their labor rights were curtailed starting with the outbreak of the virus, mostly due to being in lockdown inside their employers' homes and facing increased workloads, diminished rest days, and fear of dismissal if they tried to negotiate work levels or pay.⁶⁷

Ramifications of the Pandemic for the Families of Migrant Care Workers

How have these transnational families been affected by COVID-19? To understand this, we must look at both halves—at the migrant caregivers abroad and their children (and other relatives) remaining in the sending country. Separation from family, lack of social and legal supports in the host country, and gender differences greatly affect the mental health of parents who are also migrant workers.⁶⁸ And we have already noted the frustration migrants experienced when they found themselves unable to help their own families due to practical and sometimes legal barriers. What has the pandemic meant for their kin back home? And what do we know about family dynamics that can help mitigate sending communities?



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Under the conditions of care drain, the pre-pandemic status of transnational families was precarious at best. Many lived in low- or middle-income economies where jobs were scarce and business

opportunities virtually non-existent. (Indeed, this is what often drove women to leave in the first place.) Social safety nets were inadequate, and access to education and health care limited. For some families, migrants' remittances were supplementary but essential for helping members, especially children, achieve upward mobility, while for others, they constituted the sole source of income.⁶⁹

Accompanying the flow of cash were the emotional and psychological side effects of long-term separation. Prevented from returning home with any regularity, female migrants, in particular, sought to close the distance between themselves and their children via "Skype mothering"⁷⁰ and other uses of modern technology.⁷¹ However this option was not always available to family members at both ends of the global care chain. Whether or not households are fortunate enough to have internet, mothers, whether present or working abroad, become involved with assisting with lessons.⁷² (In areas with limited internet access, for example rural India, governments have put classes on television.) One Filipina mother employed as a caregiver in Taiwan told an interviewer that she spent her evening hours on the telephone with her daughter back home, helping her especially with her English homework (Fortunately, the mother had improved her own English skills during her time abroad).⁷³

In families where this type of engagement was not possible, and long distances and restrictions prevented return visits, mother-child relationships could become attenuated. Sometimes mothers were displaced when children developed strong bonds with "fictive kin," relationships that aided the children but excluded the mothers; often, however, children could not avoid feeling abandoned. Studies of left-behind children (LBC) find varied results, a strong reminder that migrants and their families are not homogeneous. Some studies of LBC found that they have more emotional and behavioral problems than non-LBC, particularly mental health disorders, hyperactivity, and peer relationship issues,^{74, 75} while others have found that remittances from abroad improve the education and well-being of family members remaining at home.⁷⁶

Further, the complexity of family dynamics, level and quality of care received by LBC, economic variance between receiving and sending countries, and prevalence of emigration in a sending country can also be associated with the overall well-being of those remaining in the sending country.⁷⁷ At the same time, migrant care workers who want to bring family members with them are prevented from doing so because they would lack needed child or elder care services in receiving countries.

In countries at the sending end, the pandemic has brought with it new challenges. Business closures, agricultural disarray, and government-ordered shutdowns, along with dwindling or blocked remittances, have worsened families' financial situations and frequently resulted in food and housing insecurity.⁷⁸ But the direst impact has come from the disease itself. Subject to the highest rates of infection, poor countries have the fewest resources to cope, including little or no supply of vaccines, tests, or PPE, and disruptions in what was already minimal health care.⁷⁹

Ironically, those migrants who do manage to make it home may face hostility, particularly if they are coming from receiving countries with high rates of infection, as their families and former neighbors fear they are bringing the disease with them. Such fears are not unfounded: if these communities have somehow managed to escape infection so far without medical supplies, they would have no way of detecting or protecting themselves against it, should it occur.⁸⁰

Regional Highlight: Families of Migrant Care Workers in Sub-Saharan Africa

More than one quarter of all children in the Global South live with at least one parent abroad.⁸¹ Migration both within the region and out of the region is rapidly increasing in Sub-Saharan Africa.⁸² The number of female internal migrants in Sub-Saharan Africa has grown in recent years.⁸³ As the demand for domestic workers has increased in urban areas, female migrants have taken up these opportunities. Although the average ages vary among countries, many of these migrants are young, unmarried women and girls under 25 or women around 45⁸⁴—in other words, women who either have no children or reduced childcare responsibilities.⁸⁵ But women with children needing care also



Photo credit: Lucian Coman

migrate, enabled by the existence of extended family units, which are prevalent in the region. These relatives take on caring responsibilities, engaging in a kind of “child fosterage.”⁸⁶ This means that when a parent migrates, a child is likely to have another network in place to take on this role.⁸⁷

Research on the impact of parental migration in Sub-Saharan Africa has produced mixed results, suggesting that the lasting impact of transnational family arrangements on children and parents/caregivers is unclear. Sometimes they have negative psychological effects on both parents and children, but they can also be materially beneficial. Migrant parents may, for example, be able to improve children’s living conditions by allowing them to have better food, housing, and other assets, or sending them gifts.^{88, 89} A recent study on the food security of households in the region found that those which received international remittances have greater likelihood of food security—and the more frequently the better. Another study of 46 Sub-Saharan countries showed that financial remittances were found to significantly improve both education and health for families remaining in the region.⁹¹ Altogether, remittances from migrant parents may upgrade their children’s socioeconomic status,⁹² though it should be noted that, on average, international migrants tend to send greater remittances than internal migrants do.⁹³

Recommendations to Seize the Focus on Migrant Care Work and Make Lasting Change

Reform immigration laws and regulations:

- Reform immigration policy and selection to include workers who are in high demand but not considered “high-skilled” workers
- Increase labor-market-specific skill-based immigration policies
- Utilize existing evidence on the value of migrant care work to establish new structures for work visas
- Support union organizing and related advocacy to increase protections of domestic care workers
- Increase focus on recognition, reduction, redistribution, representation, reward, rights, and reparation for migrant care workers

Rethink the balance between dependence on migrant care workers vs. making these occupations more attractive to nationals. Develop a three-sided program that would:

- Improve conditions for migrants in receiving countries
- Improve compensation and working conditions in the caring occupations, thus making them more attractive to nationals
- Address the conditions in sending countries that drive migration in the first place

Implement tailor-made policies for migrant care workers:⁹⁴

- Address particular challenges experienced by women due to their intersectional identities (gender, race, ethnicity, class, caste, religion, age, etcetera)
- Develop programs to highlight the value of migrant caregivers’ services to citizen families
- Create health care supports, including mental health, and education programs for migrant care workers

Develop health workforce governance to connect health system needs, health labor markets, and individual migrant caregivers:⁹⁵

- Ensure that migrant workers have access to health care services, including vaccinations, sexual and reproductive health, and mental health services
- Ensure that migrant workers have access to unemployment benefits, housing subsidies, and other emergency funding resources
- Suspend employment-based visa programs and deportation for migrant workers dismissed due to pandemic

Capitalize on the momentum from other immigrant groups, like nurses and teachers:

- Develop networks of support and allyship from these larger, more established movements
- Take lessons learned as tools when advocating for policy reform, education, and investments

Include migrant care workers in public health and health workforce research to help inform immigration policy and reform:⁹⁶

- Invest in further research (quantitative and qualitative) on migrant care workers, their families, and their experiences returning to their home country
- Collect disaggregated data that clearly defines migrant care workers separately from domestic workers, and clearly distinguishes women migrant care workers
- Create a systematic review of restrictions that legally prevent migrant workers from reaping benefits designed for domestic workers
- Study the reasons people migrate and determine percentage of migrants who want to work and return home versus work and start a path to citizenship in receiving country
- Increase focus on under-studied regions and patterns of migration, like Sub-Saharan Africa, Latin America, and Global South to Global South migration, as well as studies focused on women and vulnerable populations

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Private Roundtable Attendees | Don't Let the Spotlight Fade Without Lasting Change: Migrant Care Work Remains Essential in a Post-COVID World

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*All titles and affiliations of the advisory council and attendees of the private expert roundtable are listed on page 17 of this publication.







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